

Environmental Solutions to Obesity in America's Youth

Health Care Initiatives

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Francine R. Kaufman, M.D.

Professor of Pediatrics

The Keck School of Medicine of USC

Head, Center for Diabetes, Endocrinology and Metabolism

Childrens Hospital Los Angeles

American Academy of Pediatrics

Obesity- A major initiative

- **Understanding the Barriers**
- **Obesity Task Force**
- **Develop Practice guidelines**
- **Develop Tool Box**
- **Research**
 - **Practice-based**
 - **Evidence-based**
- **CME Program**

Barriers

- **The Provider**
- **The Health Care System**

Barriers

The Health Care Provider

- **PROBLEM**

- 42% of obese adults responded that a doctor, nurse, or other health professional had given them advice about their weight in the past 12 months.

Galuska DA. Will JC. Serdula MK. Ford ES. Are health care professionals advising obese patients to lose weight. *JAMA*. 282(16):1576-8, 1999 Oct 27.

- **REASONS**

- Inadequate Skills
- Low Efficacy
- Low Motivation
- High Perceived Failure Rate
- Perceived Patient Resistance
- Under Referral to Nutritional and Behavioral Support

Barriers The Health Care System

- **Insufficient Time**
- **Poor Reimbursement**
- **MD, Nurse, RD, Psychologists**
- **Lack of Prevention Focus**
- **Emphasis on Risk Factors/Disease**
- **Lack of Nutritional and Behavioral Support**
- **Poor System Integration**

Pediatric Overweight -AAP Policy Statement for Health Professionals

Pediatrics August 2003, Volume 112

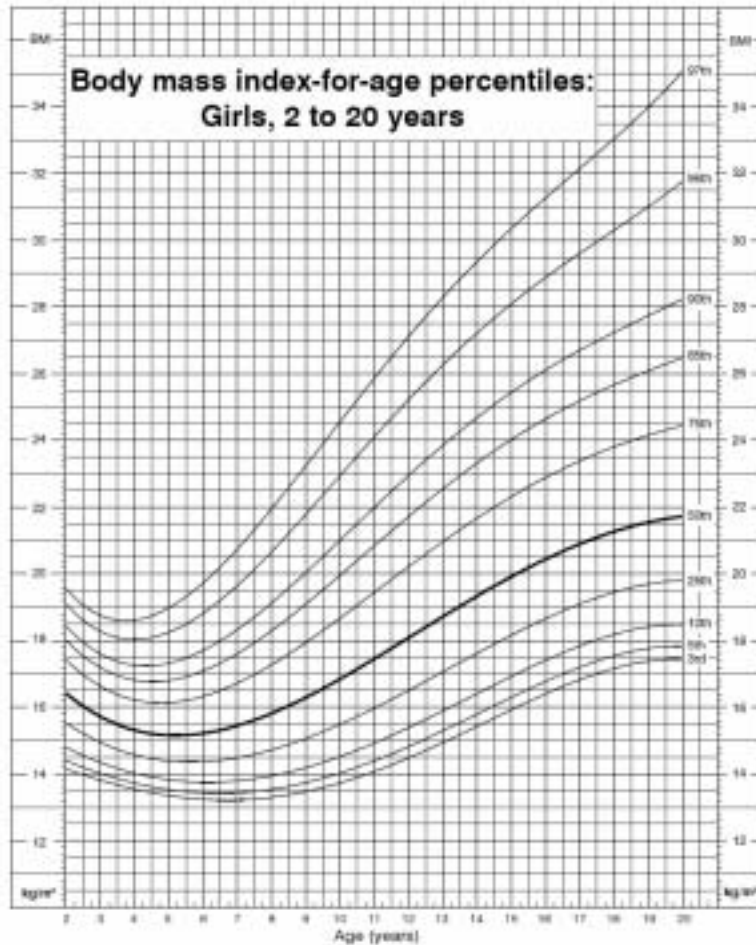
- Integrate prevention and treatment of obesity and obesity-related conditions into practices**
- Identify and track at risk youth**
- Calculate and plot BMI yearly**
- Monitor changes in obesity-associated risk factors**
 - BP, Lipids, IGT, Apnea, Hyperinsulinism**

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- Encourage, support and protect breastfeeding**
- Promote healthy eating patterns**
 - F&V, low-fat dairy, whole grains, self-regulation of intake, limits on choices, modeling**
- Promote physical activity**
- Limit TV and video**

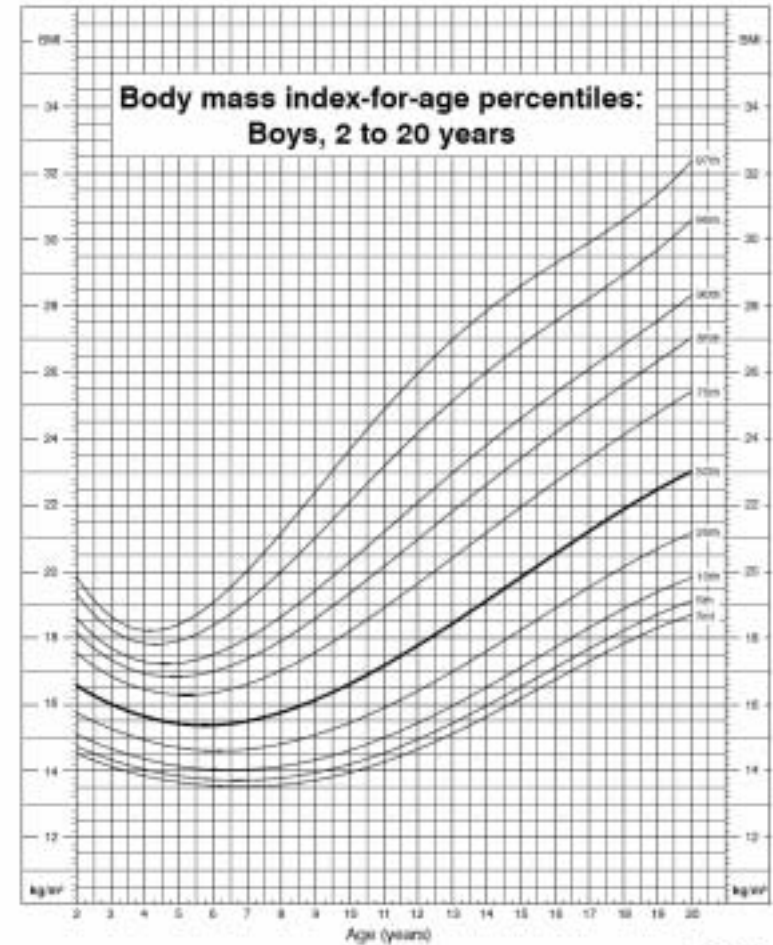
CDC Growth Charts: United States



SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).



CDC Growth Charts: United States

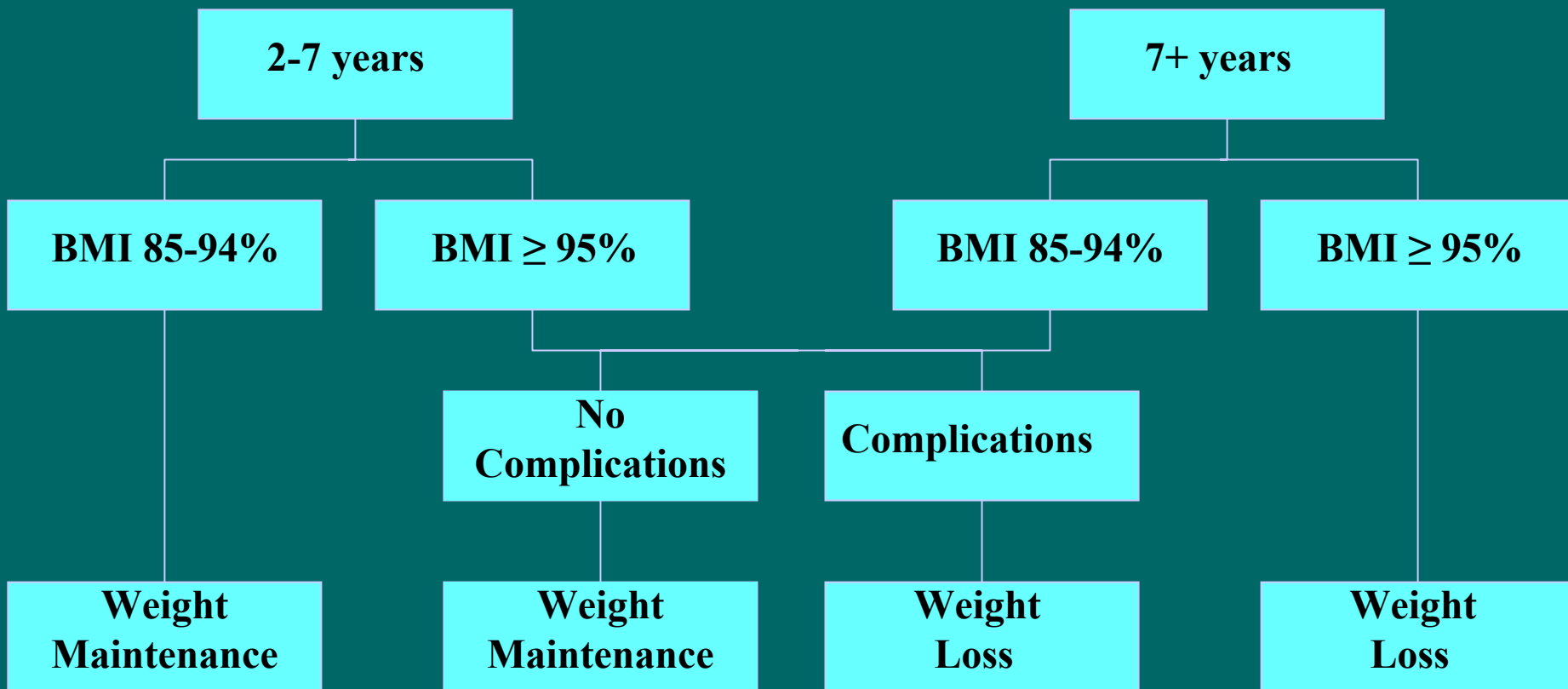


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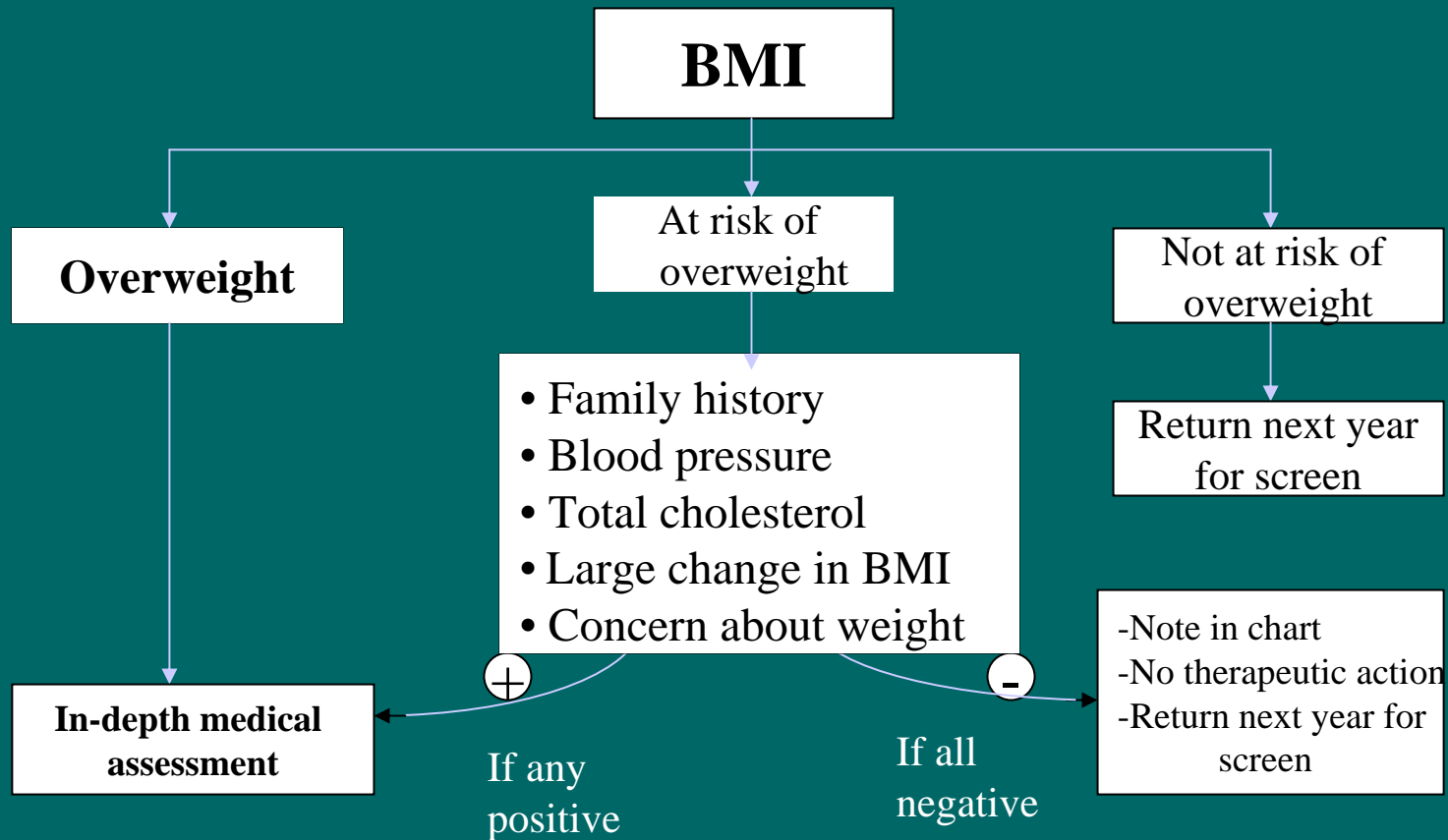
<http://www.cdc.gov/growthcharts/>

Algorithms for Evaluation Weight Goals



Childhood Overweight – Evaluation & Follow-up

Recommended Overweight Screening Procedures

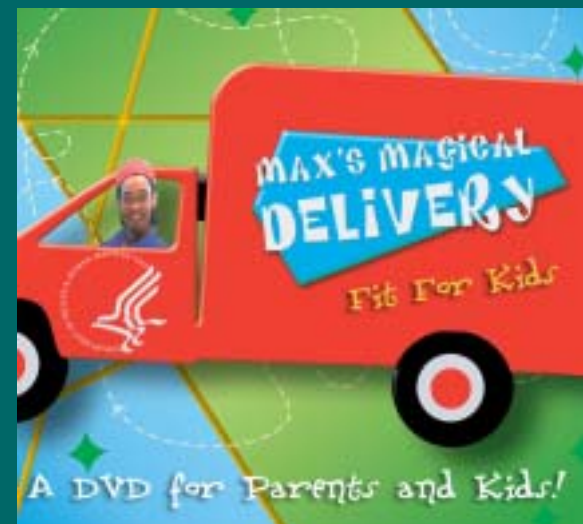


Sarah E. Barlow and William H. Dietz. Obesity Evaluation and Treatment Expert Committee Recommendations. Pediatrics 1998 102: e29

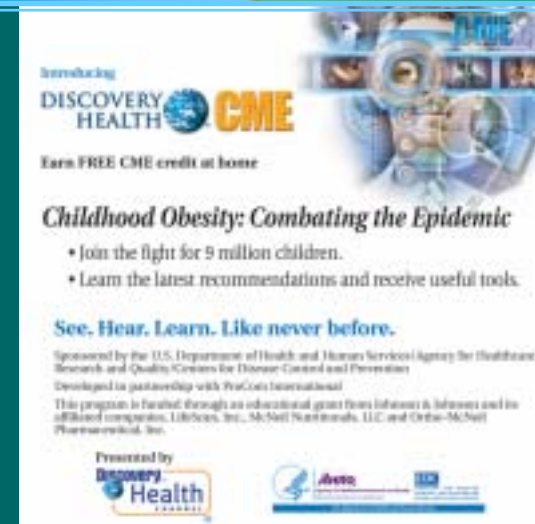
<http://www.pediatrics.org/cgi/content/full/102/3e29>

DVD to Help Combat Childhood Obesity

- *Max's Magical Delivery: Fit For Kids*
 - Teaches children ages 5 to 9 and their parents about healthy eating habits and importance of physical activity
 - Features tips from Secretary Thompson and Surgeon General Carmona



- *Childhood Obesity: Combating the Epidemic*
 - Educates clinicians about the best ways to prevent and treat obesity in children and offers continuing education credits



PROS Healthy Lifestyle Pilot Study

CDC, AAP, ADA

- **3-7 year olds, BMI 85th-95th %'ile for age and sex or less than 85th %'ile and at least one overweight parent**
- **Primary Care Practices Randomized**
 - Usual care
 - Pediatrician counseling 1 visit (motivational interviewing)
 - Pediatrician counseling (2 visits) plus 2 additional dietitian visits (motivational interviewing)
- **Parent/child responsibility around food/eating**
- **Reducing TV viewing**
- **Also: Sweetened beverages, high fat snacks, F&V**

Primary Prevention

- **Interdisciplinary Approach**
 - primary care providers, registered dietitians, behaviorists/counselors, exercise physiologists, educators, health care systems, payors, government agencies, politicians
- **Specific**
 - Culturally, ethnically, age
- **Begin early, before high-risk lifestyle behaviors adopted**
- **Parents are integral, family-based approaches provide additional benefits of improving parental diet, physical activity and adiposity.**
- **Promote realistic and sustainable lifestyle changes**



Obesity Programs

Childrens Hospital Los Angeles

Endocrinology, Diabetes and Metabolism



	Kids N Fitness^{©2004} CHLA	Kids N Fitness^{©2004} Satellite	HELP: Healthy Eating Lifestyle Program
Age	8-16	8-16	5-12
BMI%	>85% With or Without Complications	>85% With or Without Complications	>85% or >95% Without Complications
Duration	12 Week	6 Week	5 Week
Follow-Up	Weekly for 12 Weeks	Once a Month for 3 Months	One Session at 6-Months Bi-Monthly Support Groups
Health Status	Ideal for Diabetes, Pre-diabetes, Metabolic Syndrome, Insulin Resistance, Dyslipidemia	Hypercholesterolemia only	Hypercholesterolemia only
Ambulation	Required	Required	Optional
Focus	Weight Management and Exercise with Research Based Innovations	Weight Management and Exercise	Prevention and Lifestyle Adaptation
Family Focus	Family Focused	Family Focused	Group Sessions for Children and One Family Member

All classes available in English and Spanish

Introduction

This unit focuses on the diagnostic aspect of providing health care to overweight and obese children.

Assessment

Medical Work-up

Diagnosis

Summary

Resources

Take Action

Add To My

Learning Plan

Upon completion of this unit, you will be able to:

- 1. Calculate and analyze patient ponderal index, BMI , and Z-Scores.**
- 2. Use serial BMI data to track excessive weight gain relative to linear growth.**
- 3. Identify and categorize changes in obesity-associated risk factors that contribute to adult chronic disease.**
- 4. Conduct a complete medical work-up for overweight / obese patients including a thorough history and physical examination.**
- 5. Identify and assess evidence of co-morbidities associated with overweight and obese patients.**
- 6. Order and analyze laboratory tests.**
- 7. Assign correct coding to diagnostic patient encounters.**

Teach Providers

The ABCs of Counseling

Ask open ended questions

Body language

Care and empathy

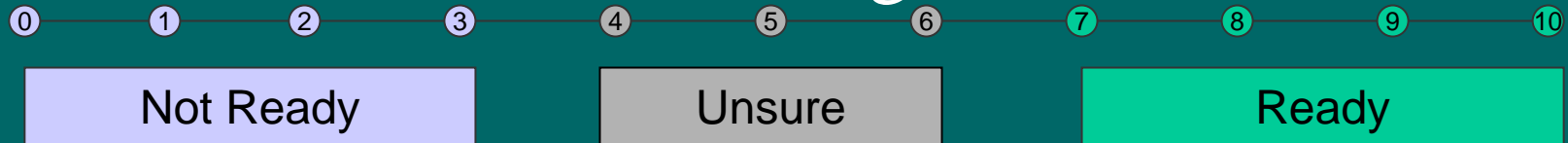
Decision making

Encourage follow-up

Tool Box

Readiness to Change Measures

Assess Family and/or Child's Readiness for Change



American Academy of Pediatrics

**Promotes The Role of the
Pediatrician in Advocacy**

Organizations & Institutions

Community/Neighborhood

Friends/Family

Parent, Infant, Child

Media

Law

Insurers

Home
Visitation

Coworkers

Fathers

Public
Parks

Health
Care
Providers

Child
Care

Popular
Culture

Neighbors

Friends

Hospitals

Family

Employer

Public
Education

Lactation Specialists

Professional
Education

LA Unified School District

- **Healthy Beverage Resolution**
- Fruit based drinks composed of no less than 50% fruit juice and no added sweeteners,
- water, milk and electrolyte beverages with <42 grams of sweetener per 20 ounce
- **Healthy Food Resolution**
- Adopt nutrient standards for all food
- < 35% total calories from fat
- < 10% total calories from saturated fat
- < 35% added sugar by weight,
- > 1 gram of fiber per serving

Solutions

- **System**
 - **Improve Collaboration between Medical and Behavioral Professions**
 - **Obesity Integral part of Disease Management Programs**
 - **Improve Reimbursement for Behavioral Components of Treatment & Prevention**
 - **Create Obesity prevention/treatment specialists**
 - **Cultural Change toward prevention & behavior change**
- **Practitioner (Pre and Post Graduate)**
 - **Improve Motivational Skills**
 - **Improve Behavioral Skills**
 - **Improve Nutrition Skills**
 - **Improve Detection and Monitoring Skills**

Solutions

- **Research**
 - **Conduct Practice-Based Intervention Research, tailored to clinical practice**
 - **Consistent with physician's training, practice orientation, and time**
 - **Healthy Lifestyles Study**
 - **Active NIH RFA**
 - **Exploit Interactive, E-Health Technology**
 - **Internet, PDA, Computer Interactive, Telephone-linked Counseling**
 - **Potential for Sophisticated Individual Level Tailoring, Replicating Human Counseling**

